

CLAIMS TO BE DISALLOWED AND EXPUNGED STATE OF WORKERS' COMPENSATION CLAIM: GEORGIA

Name and Address of Claimant	Claim #	Debtor	Claim Amount and Priority (1)	Grounds For Objection	Objection Page Reference
DELORES HENDRICKS PO BOX 47272 ATLANTA, GA 30362 UNITED STATES OF AMERICA State of Workers' Compensation Claim: Georgia	43401	Motors Liquidation Company	\$0.00 (S) \$0.00 (A) \$0.00 (P) \$300,000.00 (U) \$300,000.00 (T)	Liability assumed by Georgia Self- Insurers Guaranty Trust Fund	Pgs. 1-5
DOSS, NEWTON 1716 STEPHENSON RD LITHONIA, GA 30058 State of Workers' Compensation Claim: Georgia	65366	Motors Liquidation Company		Liability assumed by Georgia Self- Insurers Guaranty Trust Fund	Pgs. 1-5
			Unliquidated		
KATHLEEN A BUSH C/O RAYMOND L CROWELL 182 B SOUTH MAIN ST CLEVELAND, GA 30528 State of Workers' Compensation Claim: Georgia	58981	Motors Liquidation Company		Liability assumed by Georgia Self- Insurers Guaranty Trust Fund	Pgs. 1-5
			Unliquidated		
MARCIA R EUBANKS 115 APALACHEE DR LEESBURG, GA 31763 State of Workers' Compensation Claim: Georgia	8542	Motors Liquidation Company	\$0.00 (S) \$0.00 (A) \$0.00 (P) \$175.00 (U) \$175.00 (T)	Liability assumed by Georgia Self- Insurers Guaranty Trust Fund	Pgs. 1-5
MARCUS B VINSON 516 HILL ST MONROE, GA 30656 UNITED STATES OF AMERICA State of Workers' Compensation Claim: Georgia	67885	Motors Liquidation Company	\$0.00 (S) \$0.00 (A) \$0.00 (P) \$7,000.00 (U) \$7,000.00 (T)	Liability assumed by Georgia Self- Insurers Guaranty Trust Fund	Pgs. 1-5
MARY WILLIAMS 201 PARK STONE WAY MARIETTA, GA 30066 State of Workers' Compensation Claim: Georgia	36235	Motors Liquidation Company	\$0.00 (S) \$0.00 (A) \$0.00 (P) \$350,000.00 (U) \$350,000.00 (T)	Liability assumed by Georgia Self- Insurers Guaranty Trust Fund	Pgs. 1-5

(1) In the "Claim Amount and Priority" column, (S) = secured claim, (A) = administrative expense claim, (P) = priority claim, (U) = unsecured claim and (T) = total claim. The amounts listed are taken directly from the proofs of claim, and thus replicate any mathematical errors on the proofs of claim. Where the claim amount is zero, unliquidated, unidentified, or otherwise cannot be determined, the amount listed is "0.00".

(2) Claims on the exhibit are sorted in alphabetical order based on the creditor name as listed on proof of claim form.

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MICHAEL F COWAN PO BOX 2461 NORCROSS, GA 30091	60267	Motors Liquidation Company	\$0.00 (S) \$0.00 (A) \$0.00 (P)	Liability assumed by Georgia Self- Insurers Guaranty Trust Fund	Pgs. 1-5
State of Workers' Compensation Claim: Georgia			\$500,000.00 (U) \$500,000.00 (T)		
PYATT SR, JOE N 1598 S INDIAN CREEK DR STONE MOUNTAIN, GA 30083	15503	Motors Liquidation Company		Liability assumed by Georgia Self- Insurers Guaranty Trust Fund	Pgs. 1-5
			Unliquidated		
Claims to be Disallowed and Expunged Totals	8	\$0.00 (S) \$0.00 (A) \$0.00 (P) \$1,157,175.00 (U) \$1,157,175.00 (T)			

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